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## Foreign Limited Liability Company TAH 2017-1 Borrower LLC

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K. SALY

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Name of Limited Liability Company to enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cervistence, and check are submitted to register the above referenced foreign limited liability company to transact business is ease return all correspondence concerning this matter to the following:  STEVE GEANGL!  Name of Person  GOULSTON & STORRS PC  Firm:Company  400 ATLANTIC AVENUE  Address  BOSTON, MASSACHUSETTS 02110  City:State and Zip Code  mmarkus@triconcapital.com  E-mail address; (to be used for future annual report notification)  or further information concerning this matter, please call:  Name of Contact Person  Area Code  Daytime Telephone Number  STREET ADDRESS;  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32314  Division of Expertive Center Circle  Tallahassee, FL 32310  nclosed is a check for the following amount:  \$\Begin{array} \text{S125,00 Filing Fee} \Bigsin S120,00 Filing Fee} \Bigsin Critified Copy  Or Status & Certified Copy	BJECT:	TAI1 2017-1 BORR	OWER LLC	•	•	
ease return all correspondence concerning this matter to the following:  STEVE GEANGL!  Name of Person  GOULSTON & STORRS PC  Firm/Company -  400 ATLANTIC AVENUE  Address  BOSTON, MASSACHUSETTS 92110  City/State and Zip Code  mmarkus@triconcapital.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please cull:  **Name of Contact Person**  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  **Tree of Cortact Certer Circle Tullahassee, FL 32301  **Tree of Certification Feet of S130,00 Filing Fee & Open S150,00 Filing Fee, Certification Feet of Certification Feet of S130,00 Filing Fee & Open S150,00 Filing Fee, Certification Feet of Certification Feet of S130,00 Filing Fee & Open S150,00 Filing Fee, Certification Feet of S150,00 Filing Fee, Certification Feet of S150,00 Filing Fee, Certification Feet of S150,00 Filing Fee & Open S150,00 Filing Fee, Certification Feet of S150,00 Filing Fee & Open S150,00 Filing Fee Certification Feet of S150,00 Filing Fee & Open S150,00 Filing Fee Certification Feet of S150,00 Filing Feet of S	Doze I.		Name of Limited Liability Company			
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Name of Person  GOULSTON & STORRS PC  Firm/Company -  400 ATLANTIC AVENUE  Address  BOSTON, MASSACHUSETTS 02110  City/State and Zip Code  mmarkus@triconcapital.com  E-mail address; (to be used for future annual report notification)  or further information concerning this matter, please call:  Name of Contact Person  Area Code  Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Bos 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Bos 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Bos 6327  Tallahassee, FL 32301  Inclosed is a check for the following amount:  D \$125,00 Filing Fee  \$150.00 Filing Fee \$ \$150.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certifilian Fee \$ \$ \$150.00 Filing Fee & \$ \$150.00 Filing Fee & \$ \$ \$150.00 Filing Fee & \$ \$ \$ \$155.00 Filing Fee & \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ase return	all correspondence o	concerning this matter to	the following:	٠.	•
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Firm/Company -  400 ATLANTIC AVENUE  Address  BOSTON, MASSACHUSETTS 92110  City/State and Zip Code  mmarkus@triconcapital.com  E-mail address; (to be used for future annual report notification)  or further information concerning this matter, please call:		ti. di anni are Chris anni territo.		Name of Person	<del>n variantika pinapinga jajanin kananda kananda kananda kananda kananda kananda kananda kananda kananda kananda</del>	<b>-</b>
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E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:    At a code   Daytime Telephone Number		BOSTON, MA	SSACHUSETTS 92110			
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Name of Contact Person Area Code Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301  Division of Corporations Registration Section Clifton Building Division of Corporations Registration Section Registration Section Clifton Building Division of Corporations Registration Section Regist		mmarkus@trico	ncapital,com -			
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□ \$125,00 Filing Fee □ \$130,00 Filing Fee & □ \$155,00 Filing Fee & □ \$160,00 Filing Fee, Certif		, .		•	Tulluhassee, FL 32301	
		a check for the follow	ving amount:		•	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 6(6)(902, FLORIDA STATULIES, THE POLLONING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COLOR CANTRO TO CAR (CITO) ATTACK ALTERS STATE CAR EL CORO. C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")	TAH 2017-1 BORROW			•
DELAWARE    Our diletion under the law of which to reign limited hability (PEI number, if applicable) (Our diletion under the law of which to reign limited hability (Our diletion under the law of which to reign limited hability)    1508 Brookhollow Drive	ř.		imited Liability Company, " L.L.C.," or "	LLC.
DELAWARE    Our diletion under the law of which to reign limited habitisy   (Pict number, if applicable)		16.0	in business of Charles The above and	
UPON FILING   (Date lirst transacted business in Florida, if prior to registration.)				e must mende . Limiten
(Date lirst transacted business in Florida. If prior to registration.)  (See wettian) 603,9904 & 603,0905, F.S. to determine penalty liability)  5. 1508 Brookhollow Drive  Santa Ana, CA 92705  (Street Address of Principal Office)  5. 1508 Brookhollow Drive  Santa Ana, CA 92705  (Maiting Address)  7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 Sutth Pine Island Road  Plantation  Florida  7. Plorida  7. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for fine above stated limited liability company at the place designated in this application, I haveby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of any duties, and I am familiar with an accept the abiligations of my position as registered agent as signature)  8. CT Corporation System  By:  (CT Corporation System  Office I linkel. VP  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.  TAH 2017-1 Equity Owner LLC - Sole Member  1508 Brookhollow Drive, Santa Ana, CA 92705  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	2. DELAWARE	3.		
Dane   Irst transacted baseres in Florida, If pelor to registration.	company is organized)	of which foreign limited habitity	(l'El number, il applicable)	
Santa Ana, CA 92705  (Street Address of Principal Office)  Santa Ana, CA 92705  (Maiting Address)  7. Name and attest address of Florida registered agent; (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:    1200 South Principal Road   Plantation   Florida   133324   (Zip code)	4. UPON FILING			
Santa Ana, CA 92705  (Street Address of Principal Office)  Santa Ana, CA 92705  (Mailing Address)  7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  Name:  Office Address:    1200 South Pine Island Road     Plantation   Florida     1200 South Pine Island Road     1200 South Pine Island Road Road     1200 South Pine Island Road Road Road	•	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. )	i, if prior to registration.) o determine penalty liability)	
(Sirent Address of Principal Office)  Santa Ana, CA 92705  (Maiting Address)  (Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  Name:  Office Address:    1200 South Pine Island Road	5. 1508 Brookhollow Driv	•	<u> </u>	
Santa Ana, CA 92705  (Matting Address)  7. Name and attest address of Florida registered agent; (P.O. Box NOT acceptable) Name:  Office Address:  1200 South Pine Island Road  Plantation  (City)  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and gree to act in this capacity. I further agree to complywith the provisions of all stantars relative to the proper and complete performance of my duties, and I am familiar with an accept the abligations of my position as registered agent.  By:  CT Corporation System  Olga Hinkel, VP  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.  TAH 2017-1 Equity Owner LLC - Sole Member  1508 Brookhollow Drive, Santa Ana, CA 92705  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted)  Signature of an authority of an authority of the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted)	Santa Ana, CA 92705		•	2011
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(Maiting Address)  7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  Name; CT Corporation System  Office Address:    1200 South Pine Island Road     Plantation   Florida   33324     (City)   (Qip code)   Registered agent's acceptance:   Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  By: CT Corporation System   Olga Hinkel, VP	6. 1508 Brookhollow Driv	re .		・鉛トー
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Name:  Office Address:    1200 South Pine Island Road   Plantation   Florida   33324   (Zip code)	7. Name and street address	s of Florida registered agent; (P.O. Box N	OT acceptable)	一方の一
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DAVID VENEZIANO, Vice President on behalf of Tah 2017-1 Equity Owner LLC- Sole Member

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAH 2017-1 BORROWER LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2011 JUL 24 AM 10: 58

6484505 8300 SR# 20175362920

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202930015

Date: 07-21-17